

2154
PTO/SB/21 (09-04)

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TRANSMITTAL FORM

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Total Number of Pages in This Submission

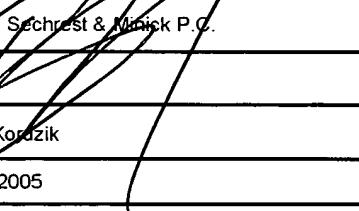
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Application Number	09/872,252
Filing Date	May 31, 2001
First Named Inventor	David P. Anderson et al
Art Unit	2154
Examiner Name	Mohammad A. Siddiqi
Attorney Docket Number	40988-P001P7

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Winstead Sechrest & Minick P.C.		
Signature			
Printed name	Kelly K. Kordzik		
Date	April 27, 2005	Reg. No.	36,571

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Serena Beller	Date	April 27, 2005

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PTO/SB/17 (11-04)

Approved for use through 07/31/2006, OMB 0651-0032

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Effective on 10/01/2004. Patent fees are subject to annual revision.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 510.00)

Complete if Known

Application Number	09/872,252/
Filing Date	May 31, 2001
First Named Inventor	David P. Anderson et al.
Examiner Name	Mohammad A. Siddiqi
Art Unit	2154
Attorney Docket No.	40988-P001P7

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order

Deposit Account None

Deposit
Account
Number
Deposit
Account
Name

23-2426

Winstead Sechrest & Minick P.C.

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING FEE

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____

Subtotal (1) \$

Subtotal (2) \$

2. EXTRA CLAIM FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20	50	25
Each independent claim over 3	200	100
Multiple dependent claims	360	180
For Reissues, each claim over 20 and more than in the original patent	50	25
For Reissues, each independent claim more than in the original patent	200	100
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	=
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	=
HP = highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. OTHER FEES

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid(\$)</u>
1-month extension of time	120	60	_____
2-month extension of time	450	225	_____
3-month extension of time	1,020	510	510.00
4-month extension of time	1,590	795	_____
5-month extension of time	2,160	1,080	_____
Information disclosure stmt. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	500	250	_____
Filing a brief in support of appeal	500	250	_____
Request for oral hearing	1,000	500	_____
Other:			

Subtotal (3) \$ 510.00

SUBMITTED BY

Signature	_____ <i>Kelly K. Kordzik</i>	Registration No. 36.571 (Attorney/Agent)	Telephone 512.370.2851
Name (Print/Type)	Kelly K. Kordzik	Date April 27, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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